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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

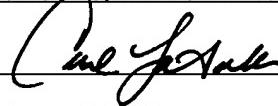
(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|----------------------|
| | | Application Number | 10/049,556 |
| | | Filing Date | May 7, 2002 |
| | | First Named Inventor | LITTLE, DAVID GRAHAM |
| | | Group Art Unit | 1617 |
| | | Examiner Name | CRIARES, THEODORE J. |
| Total Number of Pages in This Submission | | Attorney Docket Number | NPAG-001 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of SB08A forms and 1449 forms; postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------------------|---|
| Signing Attorney/Agent (Reg. No.) | CAROL M. LASALLE, 39,740 BOZICEVICH, FIELD & FRANCIS, LLP |
| Signature |  |
| Date | February 3, 2005 |

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 03 2005

Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)****510.00****Complete if Known**

| | |
|----------------------|-----------------------------|
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| First Named Inventor | LITTLE, DAVID GRAHAM |
| Examiner Name | CRIARES, THEODORE J. |

 Art Unit **1617**Attorney Docket No. **NPAG-001****METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments |
- under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|
| | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**

| | <u>Small Entity</u> |
|---|---------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 100 |
| Multiple dependent claims | 360 180 |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| 25 - 20 or HP = 0 | x | = | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| 2 - 3 or HP = 0 | x | = | |

HP = highest number of independent claims paid for, if greater than 3

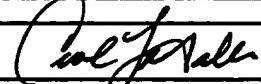
3. APPLICATION SIZE FEEIf the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | / 50 = | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time - 3 mosFee Paid (\$)510.00**SUBMITTED BY**

| | | | |
|-------------------|---|--|---------------------------------|
| Signature |  | Registration No. (Attorney/Agent) 39,740 | Telephone (650) 327-3400 |
| Name (Print/Type) | Carol M. LaSalle | Date 02/03/2005 | |

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